

CHAPTER 1 PERSON-CENTERED PRACTICE AND RECOVERY PRINCIPLES

Person-centered practice and recovery are relatively new orientations to working with people with serious mental illness; they have been transforming the field since their inception in the late 1980s and early 1990s. The 1970s championed deinstitutionalization that rightly resulted in people with serious mental illnesses being returned to their communities. Unfortunately, though, communities were often ill-prepared to welcome their neighbors home. More often than not, inadequate services and limited knowledge and understanding of mental illness abounded, which resulted in individuals being faced with significant stigma and little reason for hope.

The 1990s, however, brought person-centered practice and recovery principles, which continue to transform the field into one in which individuals receiving services have a voice and hope for recovery. These practices are empowering each person to define what recovery is for them and to be the decision makers in all aspects of their recovery planning and delivery of services. Organizations and their members who have been at the forefront of implementing recovery-oriented services include the New York Care Coordination Project, Inc., National Council for Community Behavioral Healthcare, and the Case Management Society of America.

WHAT IS PERSON-CENTERED PRACTICE?

Person-centeredness is about developing a relationship with another individual where the practitioner relates to that individual not as a diagnosis, not as someone who needs to be “fixed,” but as another human being who desires to make changes in their life. It is a relationship in which the practitioner acts as a facilitator to assist that individual in moving forward on the changes and priorities that the *individuals* being served decide will improve their quality of life. As John O’Brien and Connie Lyle O’Brien (2002), leading thinkers on person-centered planning, have written, “Facilitation is a skillful process of realigning the

energy around (the person)—eliciting, confirming, relating, summarizing, re-presenting, questioning, inviting, reflecting, focusing, pushing, encouraging, interpreting, checking out” (p. 16).

This book is written as a practical guide for new practitioners to support and encourage their own person-centered creativity as facilitators. More experienced practitioners will also find it useful as a desk reference when thinking about more complex sets of needs and desires on the part of individuals they are facilitating in the development and implementation of the individuals’ recovery plan. The sample life goals, short-term objectives, and related recovery steps are only suggestions that are intended to prompt the practitioner’s own creative thinking as a facilitator. Each recovery goal chapter suggests some life pathways and strategies that individuals being served can adapt to help themselves, when it fits their priorities. This is true whether they are at the beginning of their recovery journey, moving ahead, or at the point where they are ultimately leaving their practitioners behind as they progress on their own unique recovery paths and independence from ongoing paid mental health services and relationships. However, we also know that recovery is rarely a straight-line process, and it is always realistic to think that, even when individuals have reached a point where they have left their practitioners behind, periodically formal mental health services may be asked for or needed to assist individuals with their recovery journey.

When facilitating a recovery plan with individuals, it is the individuals who define what they deem to be their priority recovery goals. It is important to emphasize that the changes desired and priorities that are set are those of the individuals that are receiving services, and not those of the practitioner. Frankly, it is not important what the practitioner believes will improve the quality of life of individuals’ they are working with but, rather, what the individuals see as the priorities to improve their own quality of life. Only in the case of health and safety or where individuals may be victims of abuse should practitioners take more direct and intervening roles to protect the individuals they are working with from harm. Otherwise, it is not the practitioners’ place to decide; it is the responsibility of the individuals who are being helped to decide what their hopes and desires are. This includes the individuals’ decisions about what objectives and recovery steps they choose to use in their recovery plan from those that have been offered or created within the working relationship. This is the essence of person-centered practice.

The New York State Care Coordination Program, Inc. (NYCCP), has been a regional and national leader in providing training and support for person-centered practice. Its website lists the following core values a practitioner must embrace to be person-centered in their practice (www.carecoordination.org/about_the_wnyccp.shtm):

- A commitment to know and to deeply seek to understand an individual.
- A conscious resolve to be of genuine service.
- Openness to being guided by the person.
- A willingness to struggle for difficult goals.
- A willingness to stand by values that enhance the humanity and dignity of the person.
- Flexibility, creativity, and openness to trying what might be possible, including innovation, experimentation, and unconventional solutions.
- To look for the good in people and help to bring it out.

The New York State Care Coordination Program, Inc., has also identified the hallmarks of person-centered practices that need to be evidenced by practitioners who are person-centered in their relationship and facilitation with individuals as follows (www.carecoordination.org/about_the_wnyccp.shtm):

- The person's activities, services, and supports are based upon his or her dreams, interest, preferences, and strengths.
- The person and people important to the person are included in lifestyle planning and have the opportunity to exercise control and make informed decisions.
- The person has meaningful choices, with decisions based on his or her experiences.
- The person uses, when possible, natural and community supports.
- Activities, supports, and services foster skills to achieve personal relationships, community inclusion, dignity, and respect.
- Planning is collaborative, recurring, and involves an ongoing commitment to the person.
- The person is satisfied with his or her activities, supports, and services.

The Person-Centered Recovery Planner for Adults with Serious Mental Illness is written to be consistent with these core values and hallmarks of person-centered practice. We seek to prompt and support the creative thinking and practice of a person-centered facilitator working with individuals in the development and implementation of their recovery plans.

WHAT IS RECOVERY?

There have been many definitions of mental health recovery for persons with serious mental illness since the findings of the President's New Freedom Commission on Mental Health in 2003. For the first time, the Commission embraced, at a national policy level, the concept that mental health recovery from serious mental illness was not only possible but, also, set as a priority that "care must focus on increasing consumers' ability to successfully cope with life's challenges, on facilitating recovery, and on building resilience" (President's New Freedom Commission on Mental Health, 2003, p. 2).

The current and probably the most widely embraced definition of recovery today, with the clearest articulation of the principles that support recovery, originates from the consensus results that the Substance Abuse and Mental Health Services Administration (SAMHSA) achieved at the federal level in 2010. In that year, SAMHSA brought together the broad cross-section of voices and perspectives discussed in more detail in the following section that achieved a very clear definition of recovery applicable to both mental health and substance use challenges. To that end we have included the results of those efforts here as we have written this recovery planner for practitioners to be consistent with the definition and principles of recovery detailed next. The overall intent of this recovery planner is to inform the reader of the opportunities, approaches, and challenges for practitioners that person-centered recovery planning offers and to prompt their creative thinking as facilitators in individuals' recovery journeys.

SAMHSA'S WORKING DEFINITION OF RECOVERY FOR MENTAL DISORDERS AND SUBSTANCE-USE DISORDERS

The Substance Abuse and Mental Health Services Administration (SAMHSA) recognizes there are many different pathways to recovery, and each individual determines his or her own way. SAMHSA engaged in a dialogue with consumers, persons in recovery, family members,

advocates, policy makers, administrators, providers, and others to develop the following definition and guiding principles for recovery. The urgency of health reform compels SAMHSA to define recovery and to promote the availability, quality, and financing of vital services and supports that facilitate recovery for individuals. In addition, the integration mandate in title II of the Americans with Disabilities Act and the Supreme Court's decision in *Olmstead v. L.C.*, 527 U.S. 581 (1999) provide legal requirements that are consistent with SAMHSA's mission to promote a high-quality and satisfying life in the community for all Americans.

SAMHSA defines recovery from mental disorders and substance use disorders as a process of change through which individuals improve their health and wellness, live self-directed lives, and strive to reach their full potential. Through the Recovery Support Strategic Initiative, SAMHSA has delineated four major dimensions that support life in recovery as:

1. **Health:** overcoming or managing one's disease(s) as well as living in a physically and emotionally healthy way.
2. **Home:** a stable and safe place to live.
3. **Purpose:** meaningful daily activities, such as a job, school, volunteerism, family caretaking, or creative endeavors, and the independence, income, and resources to participate in society.
4. **Community:** relationships and social networks that provide support, friendship, love, and hope. (SAMHSA, 2011)

SAMSHA'S GUIDING PRINCIPLES OF RECOVERY

Recovery emerges from hope: The belief that recovery is real provides the essential and motivating message of a better future, that people can and do overcome the internal and external challenges, barriers, and obstacles that confront them. Hope is internalized and can be fostered by peers, families, providers, allies, and others. Hope is the catalyst of the recovery process.

Recovery is person driven: Self-determination and self-direction are the foundations for recovery as individuals define their own life goals and design their unique path(s) toward those goals. Individuals optimize their autonomy and independence to the greatest extent possible by leading, controlling, and exercising choice over the services and supports that assist their recovery and resilience. In so doing, they are empowered and provided the resources to make informed decisions, initiate recovery, build on their strengths, and gain or regain control over their lives.

Recovery occurs via many pathways: Individuals are unique with distinct needs, strengths, preferences, goals, culture, and backgrounds, including trauma experiences, that affect and determine their pathway(s) to recovery. Recovery is built on the multiple capacities, strengths, talents, coping abilities, resources, and inherent value of each individual. Recovery pathways are highly personalized. They may include professional clinical treatment; use of medications; support from families and in schools; faith-based approaches; peer support; and other approaches. Recovery is nonlinear, characterized by continual growth and improved functioning that may involve setbacks. Because setbacks are a natural, though not inevitable, part of the recovery process, it is essential to foster resilience for all individuals and families. Abstinence is the safest approach for those with substance use disorders. Use of tobacco and nonprescribed or illicit drugs is not safe for anyone. In some cases, recovery pathways can be enabled by creating a supportive environment. This is especially true for children, who may not have the legal or developmental capacity to set their own course.

Recovery is holistic: Recovery encompasses an individual's whole life, including mind, body, spirit, and community. This includes addressing: self-care practices, family, housing, employment, education, clinical treatment for mental disorders and substance use disorders, services and supports, primary health care, dental care, complementary and alternative services, faith, spirituality, creativity, social networks, transportation, and community participation. The array of services and supports available should be integrated and coordinated.

Recovery is supported by peers and allies: Mutual support and mutual aid groups, including the sharing of experiential knowledge and skills, as well as social learning, play an invaluable role in recovery. Peers encourage and engage other peers and provide each other with a vital sense of belonging, supportive relationships, valued roles, and community. By helping others and giving back to the community, people help themselves. Peer-operated supports and services provide important resources to assist people along their journeys of recovery and wellness. Professionals can also play an important role in the recovery process by providing clinical treatment and other services that support individuals in their chosen recovery paths. Although peers and allies play an important role for many in recovery, their role for children and youth may be slightly different. Peer supports for families are very important for children with behavioral health problems and can also play a supportive role for youth in recovery.

Recovery is supported through relationship and social networks: An important factor in the recovery process is the presence and involvement of people who believe in the person's ability to recover; who offer hope, support, and encouragement; and who also suggest strategies and resources for change. Family members, peers, providers, faith groups, community members, and other allies form vital support networks. Through these relationships, people leave unhealthy and/or unfulfilling life roles behind and engage in new roles (e.g., partner, caregiver, friend, student, employee) that lead to a greater sense of belonging, personhood, empowerment, autonomy, social inclusion, and community participation.

Recovery is culturally based and influenced: Culture and cultural background in all its diverse representations, including values, traditions, and beliefs, are keys in determining a person's journey and unique pathway to recovery. Services should be culturally grounded, attuned, sensitive, congruent, and competent, as well as personalized to meet each individual's unique needs.

Recovery is supported by addressing trauma: The experience of trauma (such as physical or sexual abuse, domestic violence, war, disaster, and others) is often a precursor to or associated with alcohol and drug use, mental health problems, and related issues. Services and supports should be trauma informed to foster safety (physical and emotional) and trust, as well as to promote choice, empowerment, and collaboration.

Recovery involves individual, family, and community strengths and responsibility: Individuals, families, and communities have strengths and resources that serve as a foundation for recovery. In addition, individuals have personal responsibilities for their own self-care and journeys of recovery. Individuals should be supported in speaking for themselves. Families and significant others have responsibilities to support their loved ones, especially for children and youth in recovery. Communities have responsibilities to provide opportunities and resources to address discrimination and to foster social inclusion and recovery. Individuals in recovery also have a social responsibility and should have the ability to join with peers to speak collectively about their strengths, needs, wants, desires, and aspirations.

Recovery is based on respect: Community, systems, and societal acceptance and appreciation for people affected by mental health and substance use problems, including protecting their rights and eliminating discrimination, are crucial in achieving recovery. There is a

need to acknowledge that taking steps toward recovery may require great courage. Self-acceptance, developing a positive and meaningful sense of identity, and regaining belief in oneself are particularly important.

SAMHSA has developed this working definition of recovery to help policy makers, providers, funders, peers/consumers, and others design, measure, and reimburse for integrated and holistic services and supports to more effectively meet the individualized needs of those served. Many advances have been made to promote recovery concepts and practices. There are a variety of effective models and practices that states, communities, providers, and others can use to promote recovery. However, much work remains to ensure that recovery-oriented behavioral-health services and systems are adopted and implemented in every state and community. Drawing on research, practice, and personal experience of recovering individuals, within the context of health reform, SAMHSA will lead efforts to advance the understanding of recovery and ensure that vital recovery supports and services are available and accessible to all who need and want them (SAMHSA, 2011).

PERSON-CENTERED PRACTICE AND RECOVERY

As this chapter indicates, the principles of person-centered practice and recovery complement each other and together provide a powerful framework for working with individuals with serious mental illness. This approach to practice supports individuals as unique persons and empowers them to define what recovery means for them and the priorities and steps to moving forward.

REFERENCES

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